

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 180  
Registered No. 461

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Elisa Pastor

{ If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

F

To be answered ONLY  
in event of plural  
births.

**4. Twin, triplet or other**

**6. Legitimate?**

Yes

**7. Date**

of birth Sept 27, 1927  
Month Day Year

**5. No., in order of birth**

**8. FATHER**

**Full name**

Antonio P. Pastor

**9. Residence**

(Usual place of abode)

If non-resident, give place and state.

Miami  
Arizona

**10. Color or race**

Spanish

11. Age at last birthday 51 (Years)

**12. Birthplace (city or place)**

(State or country)

Salamanca  
Spain

**13. Occupation**

Nature of industry

Merchant

**14. MOTHER**

**Full maiden name**

Isabela Heredia

**15. Residence**

(Usual place of abode)

If non-resident, give place and state.

Miami  
Arizona

**16. Color or race**

Mex

17. Age at last birthday 42 (Years)

**18. Birthplace (city or place)**

(State or country)

Yacatillas  
Mexico

**19. Occupation**

Nature of industry

H.W.

**20. Number of children of this mother**

12

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

8

(b) Born alive but now dead

4

(c) Stillborn

**21. Were precautions taken against ophthalmia neonatorum?**

Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was

Born alive  
(Born alive or stillborn.)

on the date above stated.

**Signature**

Charles E. Drury

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report

Month, day, year

**Address**

Miami Arizona

**Filed**

Sept 30, 1927

**Registrar**

**Registrar**

579-907-981

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.